

**COUNTY
OF RIVERSIDE**

**Transportation Expense Program
Enrollment/Change Form**

Please print clearly

Check One <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Stop Contribution		Enter Effective Date
Last Name	First Name	Middle Initial
Mailing Address (Street/PO Box)	(City)	(Zip)
Department/Agency	Division	Mail Stop #
EMPLID # _ _ _ _ _	Work Phone	

TRANSPORTATION EXPENSE PROGRAM OPTION <i>(Please check the box for the option you wish to enroll in)</i>	Monthly Pre-Tax Contribution
<input type="checkbox"/> OPTION 1 – Parking With A Monthly County Parking Permit (Up to a maximum of \$230 per month) <i>(Please check below which County parking facility your monthly pass is for.)</i>	
a. <input type="checkbox"/> 12 th St. Parking Structure @\$35cars/\$7Motorcycles/month <small>(OPRKNG)</small> <i>(Enter last five digits of pass number)</i> _____	
b. <input type="checkbox"/> CAC Parking Structure @\$35cars/\$7Motorcycles/month <small>(NPRKNG)</small> <i>(Enter last five digits of pass number)</i> _____	
c. <input type="checkbox"/> Parking Lot 39 Permit at \$35/month <small>(NEWLOT)</small> <i>(Enter last four digits of pass number)</i> _____	
d. <input type="checkbox"/> City Garage - 3901 Orange at \$35 month <small>(OPRKNG)</small> <i>(Enter last four digits of pass number)</i> _____	
e. <input type="checkbox"/> Law Bldg - 3960 Orange at \$35/month <small>(LPRKNG)</small> <i>(Enter last four digits of pass number)</i> _____	
f. <input type="checkbox"/> Main Street - 4075 Main at \$35/month <small>(MPRKNG)</small> <i>(Enter last four digits of pass number)</i> _____	
g. <input type="checkbox"/> Riverside Centre Parking @\$35cars/\$7 Motorcycles/month <small>(TPRKNG)</small> <i>(Enter last five digits of pass number)</i> _____	
h. <input type="checkbox"/> Non-County Parking Facility <small>(RPRKNG)</small> <i>(Enter last four digits of pass number)</i> _____	
<input type="checkbox"/> OPTION 2 – Transit <small>(TRANST)</small> Enter Agency: _____ <small>(Up to a maximum of \$120 per month)</small>	Enter Monthly Amount To Be Deducted \$ _____

I have read the information about the Transportation Expense Program and am enrolling in the program. I understand the option selected above will stay in effect until I make a change or discontinue my participation in the program. I also understand that Rideshare Office and/or Facilities Management reserve the right to cancel my participation if the deduction is not taken out of my earnings and no other arrangements were made. I authorize the County to reduce my earnings on a pre-tax basis for the amount indicated above. If my earnings during any pay period are not enough to cover my deductions and I'm enrolled in Option 1 (a Monthly County Parking Permit), I understand it is my responsibility to pay my monthly or partial month fee directly to Facilities Management in order to keep my structure pass active. Failure to do so may result in cancellation of my participation. **I am aware that my first deduction in the Transportation Expense Program will cover two pay periods.** When you decide to discontinue your participation in the program, provide the County with a two-week notice, and your qualified transportation expense will not be deducted for the last two weeks since you have paid for this expense in advance.

Employee's Signature _____
Date

Send to Rideshare Office for processing, Mail Stop #1008 or FAX 951-955-1181

<u>CONFIRMATION – FOR ADMINISTRATIVE USE ONLY</u>	
Effective Pay Period: _____	Effective Date: _____
Date Processed: _____	Authorizing Signature: _____